

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

99 DEC -8 PM 4:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # N95000000497

1. Corporation Name  
 LILY OF THE VALLEY APOSTOLIC CHURCH, INC.

Principal Place of Business: 10843 A N.W. 27 AVE MIAMI FL 33167  
 Mailing Address: PO BOX 690469 MIAMI FL 33269

REINSTATEMENT 1999

21	2. Principal Place of Business	2a. Mailing Address	26	3. Date Incorporated or Qualified	01/27/1985
22	Suite, Apt. #, etc.	27	3. FEI Number	65-0515980	Applied For / Not Applicable
23	City & State	28	5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
24	Zip	29	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
25	Country	30	9. Name and Address of Current Registered Agent		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SADDLER, TONY 10030 SW 8TH ST PEMBROKE PINES FL 33025		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Tony Saddler  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  
 DATE: 11/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T SADDLER, TONY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADDLER, TONY	1.2 NAME	
STREET ADDRESS	10030 SW 8TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	
TITLE	T SADDLER, CARLENE C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADDLER, CARLENE C	2.2 NAME	
STREET ADDRESS	10030 SW 8TH ST	2.3 STREET ADDRESS	600003071796--5
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	-12/15/99--01100--006
TITLE	T WILLIAMS, DAVID	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID	3.2 NAME	***245.00 ***245.00
STREET ADDRESS	2766 NW 194 TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T WILLIAMS, JOAN	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOAN	4.2 NAME	
STREET ADDRESS	2766 NW 194 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33056	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony Saddler  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 DATE: 12-18-99  
 Daytime Phone #

0013038

CR2E037 (5/99)